

# CLAIMS CLUES

A PUBLICATION OF THE AHCCCS CLAIMS DEPARTMENT

OCT/NOV 2004

## Change in Fee-For-Service Prior Authorization (PA) requirement for Medical Supplies, Durable Equipment and Orthotic/Prosthetic Devices .

Effective 1/1/05:

PA is required for medical equipment and orthotic/prosthetic devices exceeding \$300.00 (the dollar amount has been increased from \$200 to \$300).

PA is required for consumable medical supplies exceeding \$100.00 per month (the dollar amount has increased from \$50 to \$100).

Medical supplies, durable equipment and orthotic/prosthetic devices must be prescribed by a physician or other appropriate practitioner.

Refer to Chapter 300 – Medical Policy for AHCCCS Covered Services for complete information regarding covered medical supplies, equipment and prosthetic devices.

## Family Planning Covered Services

**AHCCCS** has reviewed the Family Planning codes. Refer to the following tables for requirements:

<b>Family Planning accepted diagnoses:</b>
V25.01 Prescription of oral contraceptives
V25.02 Initiation of other contraceptive measures
V25.03 Encounter for emergency contraceptive counseling and prescription
V25.09 Other general counseling and advice
V25.1 Insertion of intrauterine contraceptive device
V25.2 Sterilization
V25.40 Contraceptive surveillance, unspecified
V25.41 (Surveillance) Contraceptive pill (surveillance)

**Family Planning accepted diagnoses:**

V25.42 (Surveillance) Intrauterine Contraceptive device (surveillance)
V25.43 (Surveillance) Implantable subdermal contraceptive (surveillance)
V25.49 (Surveillance) Other contraceptive Method
V25.8 Other specified contraceptive management
V25.9 Unspecified contraceptive management
V45.51 (Presence of) Intrauterine contraceptive device
V45.52 (Presence of) Subdermal contraceptive implant
V45.59 (Presence of) Other (contraceptive device)

**Family Planning accepted ICD-9 Codes:**

66.21 Bilateral endoscopic ligation and crushing of fallopian tubes
66.22 Bilateral endoscopic ligation and division of fallopian tubes
66.29 Other bilateral endoscopic destruction or occlusion of fallopian tubes
66.31 Other bilateral ligation and crushing of fallopian tubes
66.32 Other bilateral ligation and division of fallopian tubes
66.39 Other bilateral destruction or occlusion of fallopian tubes
66.4 Total unilateral salpingectomy
66.51 Removal of both fallopian tubes at the same operative session
66.52 Removal of remaining fallopian tube
66.63 Bilateral partial salpingectomy, not otherwise specified
66.69 Other partial salpingectomy
66.92 Insertion destruction or occlusion of fallopian tube
69.7 Insertion of intrauterine contraceptive device
96.17 Insertion of vaginal diaphragm
97.71 Removal of intrauterine contraceptive device
97.73 Removal of vaginal diaphragm
63.7 Vasectomy and ligation of vas deferens
63.70 Male Sterilization procedure, not otherwise specified
63.71 Ligation of vas deferens
63.72 Ligation of spermatic cord
63.73 Vasectomy

<b>Family Planning Modifier is NOT needed with the following Services:</b>	
11976	Removal, Implantable contraceptive device
57170	Diaphragm or cervical cap fitting with instructions
58300	Insertion of intrauterine device (IUD)
58301	Removal of intrauterine device (IUD)
58600	Ligation or transection of fallopian tube (s), abdominal or vaginal approach, unilateral or bilateral during same hospitalization.
58605	Ligation or transection of fallopian tubes, abdominal or vaginal approach, postpartum, unilateral or bilateral during same hospitalization.
58611	Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery.
58615	Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach
58670	Laparoscopy, surgical; with fulguration of oviducts
58671	Laparoscopy, surgical; with occlusion of oviducts by device
00851	Anesthesia for intraperitoneal procedures in lower abdomen, including laparoscopy; tubal ligation /transection.
A4261	Cervical Cap
A4266	Diaphragm
J1055	Injection, medroxyprogesterone acetate for contraceptive use, 150 mg (Depo-Provera)
J1056	Injection, medroxyprogesterone acetate/estradiol cypionate, 5mg / 25mg (Lunelle)
J7300	Intrauterine copper contraceptive
J7302	Levonorgestrel – releasing intrauterine contraceptive system, 52mg
J7303	Contraceptive supply, hormone releasing vaginal ring, each
S4989	Contraceptive intrauterine device (e.g., Progestacert IUD) including implants and supplies
55250	Vasectomy, unilateral or bilateral
55450	Ligation, (percutaneous) of vas deferens, unilateral or bilateral

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<b>Family Planning Modifier is required with the following Services:</b>	
99201 – 99215	Office or other outpatient visit
99241 – 99245	Office consultation
99000	Handling and/or conveyance of specimen
G0001	Routine venipuncture for collection of specimen(s)
81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated with microscopy.

81001	Automated with microscopy
81002	Non-automated, without microscopy
81025	Urine Pregnancy test
82948	Glucose; blood reagent strip
82951	Glucose; tolerance test
84702	Gonadotropin, chorionic (hcg); quantitative
84703	Gonadotropin, chorionic (hcg); qualitative
85014	Blood count; hematocrit
85018	Blood count; hemoglobin
86592	Syphilis test; quantitative (e.g., VDRL, RPR, ART)
86593	Syphilis test; quantitative
86689	HTLV or HIV antibody, confirmatory test (e.g., Western bolt)
86701	HIV – 1
86702	HIV - 2
86703	HIV – 1 and HIV 2, single assay
86706	Hepatitis B surface antibody (HbsAb)
86781	Treponema Pallidum, Confirmatory test (e.g., Western Bolt)
86803	Hepatitis C Anitbody
86804	Hepatitis C antibody; confirmatory test (e.g., immunoblot)
87075	Culture, bacterial; any source except blood
87106	Culture, fungi, definitive identification, each organism; yeast
87110	Culture, Chlamydia, any source
87207	Smear, primary source with interpretation; special stain for inclusion bodies or parasites (e.g., malaria, coccidian, microsporidia, trypanosomes, herpes viruses)
87210	Smear, primary source with interpretation; wet mount for infectious agent (e.g., saline, India Ink, KOH preps)
87250	Virus isolation; inoculation of embryonated eggs, or small animal, includes observation and dissection
87340	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; hepatitis B surface antigen (HbsAg)
87350	Hepatitis Be antigen (HbeAg)
87390	HIV – 1
87391	HIV – 2
88141 – 88155	Cytopathology slides/ smears, cervical or vaginal
88164 – 88167	Cytopathology slides, cervical or vaginal
88174 – 88175	Cytopathology
88302	Level II – Surgical pathology, gross and microscopic

## **E**lectronic Remit Available on Web

**P**roviders who have completed the necessary registration and testing processes may download the HIPAA compliant 835 electronic remittance advice for paid and denied claims from a secure AHCCCS Internet Web site and store the remittance in either electronic or hardcopy format.

To create an account and begin using AHCCCS Online, go to the AHCCCS Home Page at <http://www.ahcccs.state.az.us>.

Click on the information for Providers link to go to the providers page.

A link on the providers page allows providers to create a free account.

After gaining access to the AHCCCS Online Web site, providers must download a copy of a trading partner agreement (TPA) and the electronic remittance advice manual. The TPA must be submitted to the AHCCCS Electronic Claims Submission (ECS) Unit. The ECS unit will validate the TPA.

Providers who have questions about this process may contact the ECS unit at (602) 417-4706. After the TPA is validated, the provider must complete testing with AHCCCS prior to receiving a production 835.

To download a remittance, providers must click on the "REMITS" link in the AHCCCS Online Main Menu on the left side of the page. If a provider has no available remittance files, the Electronic Remits page will be displayed with the message "NO FILES AVAILABLE". If a provider has available remittance files, they will be listed on the Electronic Remits page. To download a remittance file, providers must click the "DOWNLOAD FILE" link to the right of the file name corresponding to the file that the provider wishes to download.

A popup box will appear on the screen. Providers must click the "SAVE" button and a window will be displayed allowing the providers to specify where the file should be saved. Providers will receive both an 835 remittance file of paid and denied claims and a supplemental file containing pended claims and additional data related to the paid and denied claims, for each applicable remittance date.

Once the remittance file(s) have been saved, they can be accessed and displayed in any text editor (Notepad, Wordpad, Winword, etc.). Remittance files are retained by AHCCCS online for two weeks. After two weeks, they will no longer be available via AHCCCS online. To obtain an additional copy, providers must contact the AHCCCS Finance Department. Questions about the electronic remittance should be directed to the ECS Unit at (602)417-4706 or (602)417-4892.

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## **SOC** Information

The AHCCCS FFS claims system had a glitch in the processing of claims with SOC deductions not being made between 02/01/04 – 07/30/04.

Corrections to claims will be made starting 11/01/04.

Any questions should be directed to AHCCCS Claims Customer Service at (602) 417-7670.

## **AHCCCS** Has a New Policy/Training Supervisor

**S**abrina Ott has accepted the position of AHCCCS Policy/Training Supervisor.

Sabrina joined AHCCCS in Oct 2004. She comes to AHCCCS with nearly 10yrs claims, technical & training experience. She previously worked for QCSI as a technical trainer on QMACS/QNXT software, training clients to troubleshoot issues through SQL along with teaching them the table structure of QMACS/QNXT along with report writing via Crystal reports and developing their training material for their HIPAA compliant product aQTrans.

Sabrina will be handling the Claims Clues, policy & procedure manuals along with developing new internal/external training material. She welcomes any articles, changes or suggestions you'd like to see in any of the mentioned materials.

Fax (602) 253-5472

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# Rates for Nursing Facilities and HCBS Updated

**F**ee-for-Service rates for Nursing Facilities (NF) and Home and Community Based Services (HCBS) have been updated for dates of service on or after 10/01/04. NF rates were updated for inflation and to recognize the need for capital improvements. HCBS rates were updated for inflation.

**R**ate schedules for NF and HCBS are shown below and can also be found at the AHCCCS web site at: <http://www.ahcccs.state.az.us/RatesCodes/>

## AHCCCS FFS Nursing Facility Rates

Effective 10/01/04 through September 30, 2005

Level of Care	2005 Urban Rate	2005 Rural Rate
Level 1	\$117.21	\$114.12
Level 2	\$129.13	\$125.37
Level 3	\$154.49	\$149.62

## AHCCCS Rates for Home and Community Based Services

Effective October 1, 2004 Through September 30, 2005

HCPCS Code	Description	Provider Type	AHCCCS 10/01/04 Rate
S5100	Day Care Services, Adult	27, 81	\$1.90
S5101	Day Care Services, Adult	27, 81	\$22.88
S5102	Day Care Services, Adult	27, 81	\$45.76
S5125	Attendant Care	2,23,24,40,81,95	\$3.61
S5130	Homemaker Services, NOS	23,24,37,39,40,72,77,81,A3	\$4.79
S515	Unskilled Respite Care, Not Hospice	2,23,24,36,37,39,40,49,50,72,77,81,A3	\$3.61
S5170	Home Delivered Meals	70, 81	\$173.58
S9123	Nursing Care In the Home, RN (Intermittent)	2, 23	\$79.31
S9123	Nursing Care In the Home, RN (Continuous with TG Modifier)	2, 23	\$58.50
S9123	Nursing Care In the Home, RN (Intermittent)	46	\$42.18
S9123	Nursing Care In the Home, RN (Continuous with TG Modifier)	46	\$31.10
S9123	Nursing Care In the Home, RN (Intermittent)	39,81,95	\$66.22
S9123	Nursing Care In The Home, RN (Continuous with TG Modifier)	39,81,95	\$48.82

S9124	Nursing Care In the Home, LPN (Intermittent)	2,23	\$60.52
S9124	Nursing Care In the Home, LPN (Continuous With TG Modifier)	2,23	\$44.62
S9124	Nursing Care In the Home, LPN (continuous With TG Modifier)	46	\$24.43
S9124	Nursing Care In the Home, LPN (Intermittent)	39,81,95	\$51.25
S9124	Nursing Care In the Home, LPN (Continuous With TG Modifier)	39,81,95	\$37.79
T1019	Personal Care Services	2,23,24,39,40,72,77,81,95	\$5.17
T1021	Home Health Aide	2,23	\$32.76

## AHCCCS Covers FluMist

Due to the shortage of injectable influenza vaccine, AHCCCS will cover the intranasal influenza vaccine. The vaccine is marketed under the name "FluMist". Providers should bill for the vaccine using CPT code 90660 – Influenza virus vaccine, live, for intranasal use. The vaccine is NOT covered under the Vaccines for Children (VFC) program, and providers should NOT bill 90660 with the "SL" (State supplied vaccine) modifier. Providers may bill for vaccine administration using CPT code, 90473 – Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid).

The capped fee for CPT code 90660 is \$51.75. The capped fee for CPT code 90473 is \$4.54.